

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>DM 8/18</i> <span style="float: right;"><i>3/26/08</i></span></p>
<p>1. Article Addressed to:</p> <p>Robert S. Mueller, Director, Federal Bureau of Investigation Office of the General Counsel FBI Headquarters, J. Edgar Hoover Bldg. 935 Pennsylvania Avenue, NW Washington, DC 20535-0001</p>	<p>D. Is delivery address different from item 1? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <span style="float: right;"><input type="checkbox"/> Express Mail</span></p> <p><input type="checkbox"/> Registered <span style="float: right;"><input checked="" type="checkbox"/> Return Receipt for Merchandise</span></p> <p><input type="checkbox"/> Insured Mail <span style="float: right;"><input type="checkbox"/> C.O.D.</span></p> <p>4. Restricted Delivery? (Extra Fee) <span style="float: right;"><input type="checkbox"/> Yes</span></p>
	<p>7006 0810 0004 0926 8126</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540